

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90051 039 ***150.00

DOCUMENT # P06000078054

1. Entity Name
GOING BEYOND FITNESS, INC.



Principal Place of Business
**12328 SW 127TH AVENUE
MIAMI, FL 33186**

Mailing Address
**12328 SW 127TH AVENUE
MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box #
12245 SW 129 ct
Suite, Apt. #, etc.

3. Mailing Address
12245 SW 129 ct
Suite, Apt. #, etc.



01312007 Chg-P CR2E034 (12/06)

City & State
Miami, Florida
Zip
33186
Country

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Miami, Florida
Zip
33186
Country

4. FEI Number
20-4997890
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBIO, LISSETTE
12328 SW 127TH AVENUE
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name
Rubio, Lisette
Street Address (P.O. Box Number is Not Acceptable)
12245 SW 129 Court
City
Miami FL Zip Code
33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/31/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
RUBIO, LISSETTE
12328 SW 127TH AVENUE
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12245 SW 129 court
Miami, FL 33186** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/07